



# 15/Change of address  
Proposed  
9/24/03

|  |                        |              |
|--|------------------------|--------------|
| <b>CHANGE OF<br/>CORRESPONDENCE ADDRESS</b><br><br><i>Application</i><br><br>Address to:<br>Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, Virginia 22313-1450 | Application Number     | 09/729,422   |
|  | Filing Date            | 12/05/2000   |
|  | First Named Inventor   | Dieter BUSCH |
|  | Art Unit               | 2859         |
|  | Examiner Name          | T.M. Reis    |
|  | Attorney Docket Number | 741124-63    |

|  |   |   |                |
|--|---|---|----------------|
| Please change the Correspondence Address for the above-identified application to:<br><input type="checkbox"/> Customer Number <input type="text"/><br><i>Type Customer Number here</i>   |   | Place Customer Number Bar Code Label here |                |
| OR   |   |   |                |
| <input checked="" type="checkbox"/> Firm or Individual Name  | Nixon Peabody LLP                           |   |                |
| Address  | 401 9 <sup>th</sup> Street, N.W., Suite 900 |   |                |
| Address  |   |   |                |
| City   | Washington, D.C.                            | State                                     | ZIP 20004-2128 |
| Country  | U.S.A.                                      |   |                |
| Telephone  | 202-585-8000                                | Fax                                       | 202-585-8080   |
| <p>This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).</p> <p>I am the:</p> <p><input type="checkbox"/> Applicant/Inventor</p> <p><input type="checkbox"/> Assignee of record of the entire interest.<br/>Certificate under 37 CFF 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> Attorney or agent of record.</p> <p><input type="checkbox"/> Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____</p> <p>RECEIVED<br/>SEP 22 2003<br/>TECHNOLOGY CENTER 2800</p> |   |   |                |
| Type or Printed Name   | David S. Safran                             |   |                |
| Signature  |   |   |                |
| Date   | September 9, 2003                           |   |                |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.   |   |   |                |

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on September 12, 2003.

K.M. McManus